

Department of Employee Trust Funds
BENEFIT/HEALTH FAIR REQUEST FORM
P.O. Box 7931, Madison, WI 53707-7931

PLEASE RETURN NO LATER THAN JULY 12, 2013.

NOTE: *It's Your Choice* dates for 2013 are October 7 - November 1. We cannot guarantee that we will be able to accommodate every request. However, we will do our best to attend as many as possible.

EMPLOYER NAME:

CONTACT NAME:

ADDRESS:

PHONE:

E-MAIL ADDRESS:

EVENT DATE:

TIME: to

EVENT ADDRESS:

EVENT ROOM:

ESTIMATED ATTENDANCE:

PARKING INSTRUCTIONS:

Which type(s) of ETF representative do you wish to appear at your Benefit/Health Fair?

☐ HEALTH INSURANCE*

☐ WRS

***Please note:** To request attendance by representatives from the health plans, you must contact them directly.

May we publish your benefit/health fair information on etf.wi.gov? ☐ YES ☐ NO

State Employers: Would you like this information to appear in the 2014 *It's Your Choice: Decision Guide*?

☐ YES

☐ NO

ADDITIONAL COMMENTS:

Return via email to: etfoutreach@etf.wi.gov

or mail to: Attention: ETF Outreach
P.O. Box 7931
Madison, WI 53707-7931

Questions? Please call Krystal at (608) 264-8326 or Elisabeth at (608) 261-8945.